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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ORNEY DOCKET NO 10/712,975 CONFIRMATION NO. 11/13/2003 Ivan Osorio 011738.00144 7351

TITLE OF INVENTION: VAGAL NERVE STIMULATION TECHNIQUES POR TREATMENT OF EPILEPTIC SEIZURES

DATE SUBSIDER PUBLICATION FEE TOTAL FEE(S) DUE EXAMINER ART UNIT CLASS-SUBCLASS JASTRZAB, JEFFREY R 1762 607-045000 Ange of correspondence address or indication of "Fee Address" (37 Class form PTO/SB/122) attached. Change of correspondence uddress (or Change of Correspondence of Rollers form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form registered attorney or agents OR, alternatively, "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 isted, no name will be printed. ESIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	09/01/2005
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